No

RECORD PERMANENT EXACTLY. stated 4 pe S pinous THIS AGE INK carefully supplied. UNFADING WITH pe pinous PLAINLY. Information WRITE

16898 should state Very PHYSICIANS shou 2 FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Exact statemen S SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. marries WIDOWED, (Write the word) 6 DATE OF BIRTH classified. (Month) (Day) (Year) 7 AGE If LESS than 1 day,....hrs. OR min. ? properly 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, pe business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE Hed, (State or country) that It 10 NAME OF FATHER 80 50 11 BIRTHPLACE DEATH in plain terms. See instructions on back PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS 0 (Informant) Item 10 Every Item CAUSE OF Important. (Address) 15 Filed

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

		11-
Registration	Dist.	No. 107

.Ward)

[It death occurred in a hospital or institution. give its NAME instead of street and number.]

16 DATE OF DEATH	Dia	eare be,	- 17	. 1913.
	(Month)	(Day)	(Year)
17 O I HEREE	Y CERTIF	Y, That I a	ttended dec	eased from
Dea. 12	1913., to.	De	- 17	191 3
······································	IDI.M, CO.	-0		
that I last saw h	alive on	Nua	-, 17	, 1913
				& you
and that death occurred			ove, at	
The CAUSE OF DEATH	* was as f	ollows:		
110		/		
John Me	ence	ma)		
XVID		***************************************	*********	****************
	••••••••••	*****************		
	(Dor	ation)	yrsm	ne /0 de
. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(001	uiion)	.,,1104	V9 U (
(Secondary)				***************************************
	'	. 4		
V -			.yrsm	osds
(Signed) 1.0	Gen	ecd		M. D
	-	30		-
, 191	(Address)	Mycan	lover 1.	Med,
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOM	NS OF INJ	ATH, or, in URY; and (deaths from 2) whether	VIOLENT ACCIDEN-
18 LENGTH OF RESIDEN	ICE (FOR H	BPITALS. IN	STITUTIONS.	TRANSIENTS
OR RECENT RESIDENTS				
At place of death yrs mos	da	In the	WF6	
Where was disease contracted.		State	yrs, n	ics ds
If not at place of death?				
Former or				
usuai residence				
19 PLACE OF BURIAL O	P REMOVE		ATE OF T	1014
111		1 0	ATE OF BU	HIAL
Varrey CI	une,	u d	ref	7, 191.
20 UNDERTAKER DE		A	DDRESS	-
4/11 81.7	will	1 13	man	Low
The way		T AL	- July	11.01

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer statement. Never return "Laborer," "Foreman," material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, -Coal (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar incumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

scpsis, tctanus) may be stated under the head childbirth or miscarriage. as "Puerperal scoticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," ample: Meastes (disease causing death), 29 ds. ture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails "Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin: "Can Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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Exact statement

classified.

properly

certificate.

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DEATH in plain terms, See instructions on back

important.

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S

ARENT

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15

FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO

(Address).....

that it

stated EXACTLY.

STATE OF MARYLAND 10000 1 PLACE OF DEATH

County Charles 71:0	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Spring Toll (No.	St.; Ward) a höspitai or institution give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)	(Month) (Day) (Year) 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw have alive on Assessment, 1913.
70 yrs. mos, ds. ORmin.?	and that death occurred on the date stated above, at 8.30 km. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, er General Farma monk particular kind of work.	Extremetion
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Class C	Contributory Brunchy Consumeria
10 NAME OF 2	(Duration) yrs mos finds.

(Signed)

Former or

alson (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT

TAL, SUICIDAL, OF HOMICIDAL.
16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT

At place			in the				
of death yrs	s mos	_ ds.	State	yrs,	mes.	01	ds
Where was disease	contracted,						

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Stoffenuas	Cest CR 20, 1913
20 UNDERTAKER	ADDRESS

REGISTRAR

OF MY KNOWLEDGE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekcepers minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar incumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Mara" genitai," "Senile," etc.), "Dropsy," affection need not be stated unless important cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ampie: Mcastes (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of . ture of the American Medicai Association.) Accidental drowning; Struck by railway train—acciuant neopiasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumer" for mailg The contributory (secondary or intercurrent tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For VIO-



S. No. 1.

C	ounty Charles	CERTIFICATE OF DEATH
٧	illage or City Tuckeun Headio.	St; Ward) [If death occurred is a hospital or institution give its NAME instead
	FULL NAME Mucry Olque	Brown of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Color or RACE Single, MARRIED, WIDOWED, WIDOWED, Wilder (Write the word)	(Month) (Day) (Year)
8 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Dec. 25- 1902	Nev. 26, 1913, to tec-5. 26. 1913.
	(Month) (Day) (Year)	that I last saw h Wallve on 20 3 6 1918
TAC	if LESS than t day,hrs.	and that death occurred on the date stated above, st. 3 m
	// yrs. // mos. 6 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(1)	CCUPATION Trade, profession, or ticular kind of work	Typhred dever
(b)	General nature of industry,	
	ness, or establishment in ch employed (or employer)	(Ouration) yrs/mos. ds
Whi 9 B I	ch employed (or employer)	Contributory (Secondary)
Whi 9 B I	RTHPLACE (ate or country) 10 NAME OF	Gontributory (Secondary) (Ouration) yrs mosds.
While Street	ch employed (or employer) RTHPLACE (ate or country) Clearles	(Secondary) (Duration) (Signed) (Signed) (Signed) (Signed) (Signed)
while Silver	ch employed (or employer) RTHPLACE tate or country) 10 NAME OF FATHER Bery: Brewer 11 BIRTHPLACE	Contributory (Secondary) (Ouration) yrs mos ds. (Signed) L. L. Hullehell , M. D. Elect , 191.3 (Address) Leacone Floor
RENTS SE	10 NAME OR FATHER Bery: Because 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME	(Signed) (Ouration) yrs. mos. ds. (Signed) (Sig
RENTS SE	10 NAME OR FATHER Berg: Because 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (STATE OF COUNTRY) 13 BIRTHPLACE OF MOTHER (STATE OF COUNTRY) 13 BIRTHPLACE	Contributory (Secondary) (Duration) (Signed) (Signed)
PARENTS	ch employed (or employer) RTHPLACE tate or country) 10 NAME OR FATHER Bery: Brevere 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CLEUKE J. Jaylon	(Signed) (Ouration) yrs mos ds. (Signed) (Signe
PARENTS	ch employed (or employer) RTHPLACE tate or country) 10 NAME OF FATHER Bery, Borrowce 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	Contributory (Secondary) (Ouration) (Signed) (Signed)
PARENTS	ch employed (or employer) RTHPLACE tate or country) 10 NAME OF FATHER OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory (Secondary) (Ouration) (Signed) (Signed)

[Approved by U. S. Census and American Public Health
Association.]

tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg. "Contributory." Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (name origin; "Candeath), 29 State cause for "Exhaustion," Examples: For vio-



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	PERSONAL AND STATISTIC	CAL PARTIC
35	Male Black	SINGLE, MARRIED, WIDOWED, ORDIVORCE (Write the
8 _D	ATE OF BIRTH	2
	(Month)	(Day
7 A		mos
(b) bus) Trade, profession, or ricular kind of work	<u> </u>
(b) bus whi	rticular kind of work	Les Pa
(b) bus whi	rticular kind of work	lis Co
(b) bus whi	of general nature of Industry, siness, or establishment in lich employed (or employer) IRTHPLACE (State or country) 10 NAME OF	lis Co
(b) bus whi	of general nature of Industry, iness, or establishment in ich employed (or employer) IRTHPLACE (State or country) ONAME OF FATHER PATHER PERMANE 11 BIRTHPLACE OF FATHER	lis Co

Filed Dec 15 191 3

1 PLACE OF DEATH

16901

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	1.5	2

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
/2	17 I HEREBY CERTIFY, That I attended deceased from
Jeb 21 1913	, 191, 191, 191
(Month) (Day (Year)	that I last saw hallve on, 191
if LESS than 1 day hrsyrs	and that death occurred on the date stated above, at
none	Im proper food
y,	(Duration) yrs mos ds.
Charles Como	Gontributory
Rechard Permans	(Signed) Constitution Confidence (Signed)
Exy Charles Co bad	*State the DISEASE CAUSING DEATH OF In deaths from Williams
masy of that	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, or HOMICIDAL,
A la	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
Exilenarles Poma	of death yrs mos ds. State yrs mos ds
TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
ly Hast	Former or
heamingen mol	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	alufandie Chake The 18, 1913
91. 3	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of agetion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atropby," "Collapse," "Coma," "Convulsions," "Debility" ("Couample: Mcastcs (disease causing death), 29 ds.; affection need not be stated unless important. scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the geuital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



S. No. 1.

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4 UNFADING INK-THIS IS

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH item of information should be B.—Every item CAUSE OF Important.

1 PLACE OF DEATH 16902 County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

[It death occurred to

	FULL NAME Brillburt	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	4 COLOR OR RACE Solution 4 COLOR OR RACE MARRIED, WHOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH oh hot know (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 A		and that death occurred on the date stated above, at
(a) pa (b) bus	Trade, protession, or Tailor rticular kind of work	g falling from a flat. (Duration) yrs. mos. ds.
	10 NAME OF FATHER USOC Alughs	Contributory Secondary (Duration) yrs mos ds. (Signed) Na dy. Munulum yuhly. P
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
A	13 BIRTHPLACE OF MOTHER (State or country) W hot know	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs mos ds
	(Informant) Transfer To THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence
15 Fil	ed Dec 14, 1913 And Registran	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL PORCES 20 UNDERSAKER ADDRESS PORCES PORCES
	If more blanks are needed address State Registre	

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of agc. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcaslcs (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tnmor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from tctanus) may be stated under the head (Recommendations on statement of State cause for Never report



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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1	PLACE OF DEATH 16903	STATE OF MARYLAND
	Λ.	CERTIFICATE OF DEATH
	County Char.	1.0./
	R. HI	Registration Dist. No
	Village or City (No. ,	St.; Ward) [If death occurred in a hospital or institution,
	*FULL NAME J. Edward J	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDDURG, ORDIVERCED (Write the word)		MEDICAL CERTIFICATE OF DEATH
		(Month) (Day) (Year)
-	8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Dec. 2 1888	1913, to Dec. 5 1913,
	(Month) (Day) (Year)	that I last saw h Ang. alive on 1913
	7 AGE If LESS than t day,hrs.	The GAUSE OF DEATH* was as follows:
1	25 yrs. — mos. 6 ds. OR min.?	The Cause of Bearing was as follows:
	8 OCCUPATION (a) Trade, profession, or	the lugs.
	particular kind of work	1
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Char Co-		(Duration) yrs. 8 mos. ds.
		Gontributory (Secondary) (Duration) yrs mos ds
	10 NAME OF GLOVAL Jenkins	(Signed) Jas JEdelew, M. D.
	OF 11 BIRTHPLACE OF FATHER (State or country)	(Address) + a Lata
	(State or country)	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CATTURE SCOTT	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TOURS
	13 BIRTHPLACE OF MOTHER (State or country) Char. Co.	At place in the of death yrs mos ds. State yrs mos, ds
ľ	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
	(Interment) Paul Scott	Former or usual rosidence
	(Address) Brentland	19 BLACE OF BURIAL OR MEMOVAL DATE OF BURIAL
1	(Address)	St Thomas Greech Mi where 8 "191 3
	Filed 2/7 1913 Sealt Made 43	Charles W. Rotey Bes Cel altow
	If more blanks are needed, andress State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) If the occupation has For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) dent; Revolver wound of head-homicide: Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. childbirth or miscarriage, as "l'uneperal scritchacetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras. thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions." "Debility" ("Conample: Mcastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "PUEBPERAL peritonitis," etc. "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," _ (name origin; "Candeath), 29 ds.: State cause for Never repor Examples: For vio-



No. 1.

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See instructions on back of certificate.

important.

RECORD

PLACE OF DEATH 16904	STATE OF MARYLAND CERTIFICATE OF DEATH
Southly Assessment of the Control of	Registration Dist. No.
VIIIage or City Market (No. 2)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, MIDOWED, ORDINORED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h
7 AGE 11 LESS than t day,hrs. ds. ORmln.?	and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 16	Contributory Secondary (Buration) (Buration) (Signed) (Signed) (Signed) (Signed) (Signed) (Buration) (Buration) (Buration) (Signed) (S
Filed O 1913 FEGISTRAR The more blanks are needed, address State Regist	Trans & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as duties of the household only (not paid Housekccpers Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Spinner, If retired from business, that fact may be Indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, -Precise statement of occupa-As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing nearin (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of iujury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from etc., when a defiuite discase can be ascertained as the themia," "Anaemia" (merely symptomatic), "Atrophy," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Can-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Measles (disease causing death), 29 ds.; (Recommendations on statement of "Convulsions," "Debility" ("Con-State cause for Never report



pinous OCCUPATION IS PHYSICIANS RECORD 0 PERMANENT classified. properly INK supplied. UNFADING WITH terms, n back ATH in plain Instructions o DEATH Jo Item OF Every

certificate.

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important.

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16905STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred inWard) a hospital or institution. give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S BINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVERCED (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day) 7 AGE if LESS than and that death occurred on the date stated above, at 1 dayhrs. OR mio. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 2 12 MAIDEN NAME 4 OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA OR RECENT RESIDENTS 13 BIRTHPLACE in the OF MOTHER State or country) _____ yrs. mos. ds. State _____ yrs. ____ mos. ____ Where was disease contracted. if not at place of death?... usual residence. DATE OF BURIAL 15 APDRESS REGISTRAR

If more bianks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal scottchaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ter" is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," (name origin; "Can-"Exhaustion,"



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD A PERMANENT stated EXACTLY. DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS -Every Item of Information should be CAUSE OF DEATH in plain terms, s Important.

16906

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

----Ward)

fif death occurred is a hospital or institution, give its NAME Instead

FULL NAME ISAAC Sma	llund or street and domoer.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colord Single, Married, Wilder, Snigle Wille Colord (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY. That I attended deceased from
B DATE OF BIRTH (Month) (Day (Year)	that I last and he alive on Rec Re 1913.
Page ROyrs mos ds OR min.?	and that death occurred on the date stated above, at 10 Q m, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Charles Co. Pud:	Contributory Holmmage Intestinal)
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 MOTHER (State or country)	(Signed)
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?

V. S. No. 1.

N. B.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Address)

15

Filed.

29 UNDERTAKER

PLACE OF BURIAL OR REMOVAL

osual residence

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaegenital," "Scnile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of For vio-



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PERMANENT 4 IS UNFADING INK-THIS WITH

PHYSICIANS should of OCCUPATION IS RECORD statement EXACTLY. Exact stated ciassified. should properly AGE supplied. pe may carefully o 80 be of Information should be DEATH in plain terms, See instructions on back PLAINLY, WRITE Item E OF Every Item CAUSE OF Important,

certificate.

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PARENT

15

state Very

DATE OF BIRTH

8 OCCUPATION (a) Trade, profession, or particular kind of work...

(b) General nature of industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country

which employed (or employer) . C.

3 SEX

TAGE

1 PLACE OF DEATH

PERSONAL AND STATISTICAL

4 COLOR OR RACE

16907

PARTICULARS

ORDIVORCED (Write the word)

(Day

(Y

If LES

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 day,

5 SINGLE, MARRIED, WIDDWED,

BEST OF



STATE OF MARYLAND

CERTIFICATE	OF DEATH
Registration D	ist. No. 101
Thompson	d) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month)	15th , 1913 (Day (Year)
	t I attended deceased from
that I last saw h con allve on Octo	Jun 1913,
and that death occurred on the date state	ed above, at 4 P. m,
The CAUSE OF DEATH* was as follows:	0 1. T
of head and of	Complication and is
Cu. (Duration)	yrs mos ds.
ContributorySecondary	, , , , , , , , , , , , , , , , , , , ,
Ouration)	yrsds.
(Signed) Jas Gall May 27, 1914 (Address) La	Plata m
*State the Disease Causing Death, Causis, state (1) Means of Injury; TAL, Suicidal, or Homicidal.	
18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place in the	
ot death yrs mos ds. State Where was disease contracted, It not at place of death?	yrs, ds
Former or usual residence	**************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER	ADDRESS
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[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

lcsis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); ("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal tlme and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia



cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent)

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



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Very state PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. Exact classified. should properly AGE carefully supplied. UNFADING certificate. 5 WITH be back terms. should 0 piain See Instructions information of inform WRITE CAUSE OF I 8. ż

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(Intermant)

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(Address)

County Part of according to the state of Death 16907 Village or City Part of according to the state of the s	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 St.; Ward) St.; Ward) [it death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 16 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h. Januar allve on Oct 1913
7 AGE 2 0 10 If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Prince de de Prince de la Company de la Comp
9 BIRTHPLACE (State or country)	(Secondary) (Duration) (Duration) (Duration)
OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE TEXT MORELAND COURTY & a OF FATHER	(Signed) , 191 (Address) , 191 (Address)
(State or country) Wellmorland Common	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA

l	OR RECENT RESIDENTS)			Ĭ
l	At place of death yrs mos ds.	In the State y	rs mos (de
-	Where was disease contracted,		111000	M G

It not at place of death? Former or

usual residence

DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

MYKNOWLEDGES

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industy; and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the dime and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Tuespural scottchaectc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, (ctanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. injury, as fracture of skull, and consequences (e. g., Bronchopncumonia (secondary), 10 ds. Never report is icss definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock." Always qualify all diseases resulting from Measles (disease causing "Senile." etc.), (Recommendations on statement of may be stated under "Convuisions," "Debility" ("Con-"Dropsy," "Exhaustion," "Traemia," "Weakness," ... (name origin; "Candeath), 29 ds.: State cause for Examples:

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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16908 PLACE OF DEATH Village or City ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, ORDIVORCED (Write the word) B DATE OF BIRTH (Month) (Day) (Year) It LESS than 7 AGE 1 day, hrs. OR min. ? yrs. ____mos. 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment In which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ō 11 BIRTHPLACE bac ENT OF FATHER (State or country) AR 12 MAIDEN NAME OF MOTHER Instructions 13 BIRTHPLACE OF MOTHER (State or country 14 THE ABOVE IS TRUE OF KNOWLEDGE (Informant) mportant. (Address). 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

[It death occurred in a hospital or institution. give its NAME instead of street and number. I

MEDICAL	CERTIFICATE OF	DEATH	
16 DATE OF DEATH	1150	30	3
**************	(Month)	(Day)	., 191 (Year)
17 I HEREB	Y CERTIFY, That I a		, , , ,
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that I last saw ha	live on		, 191
and that death occurred	on the date stated a	have at	
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The CAUSE OF DEATH	was as follows:		
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(Signed)	Banne		M. D
Do 03/1913	(Address) MCC		. 12
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usuel residence 19 PLACE OF BURIAL OR REMOVAL

If not at place of death?

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

"statement. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iil-Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. the nature of the business or industy; and therefore an essary to know cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has For persons

Statement of cause of death—Name, first, the hisease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla. "Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," genital," ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," 'Traemia," "Wcakness," (name origin; "Can State cause for death), 29 de.: Examples: For vio-



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RECORD

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16909 STATE OF MARYLAND 0 > CERTIFICATE OF DEATH County.... ...Ward) ... MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. MARRIED. marrie WIDDWED. (Month) (Write the word) I HEREBY CERTIFY, That Lattended deceased from (Month) (Day) (Year) 7 AGE M LESS than hrs. day. OR 7 BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) -----Contributory... 9 BIRTHPLACE (State or country) certificate. (Secondary) 10 NAME OF FATHER (Signed) 50 terms, n back 11 BIRTHPLACE L (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT ы CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-00 2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. ATH in plain instructions o 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country State yrs. DEAT Where was disease contracted. If not at place of death? Jo Former or usual residence. 0 Important. 19 PLACE OF BURIAL OR REMOVAL Every 15 20 UNDERTAKER

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Ilt death occurred in

a hospital or Institution,

give its NAME instead of street and number. 1

(Day)

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

". Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulminc, etc. (a) Spinner, (b) Cotton mill; (a) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Salcsman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrpreal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malkture of the American Medical Association.) Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples: For vio-



N. B.—Every item of information should be oarefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

PLACE OF DEATH 16910	STATE OF MARYLAND	
1 (Theoles	CERTIFICATE OF DEATH	
County	100	
(1() \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Registration Dist. No. 198	
Village or City of Gug will (No	St.; Ward) [If death occurred in a hospital or institution,	
	give its NAME Instead	
FULL NAME & Zuepune	Mondlage of street and number.]	
FULL NAME	11	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 2 1913	
Male Color & WIDOWED, Ruft	(Month) (Day) (Year)	
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from	
8 DATE OF BIRTH . 12 11 913	07C7 1917, to DEC 7, 1912,	
(Month) (Day) (Year)	that I last saw h alive on 1912	
TAGE (Month) (Day) (Teat)	1 /	
/ (1 day,hrs.	and that death occurred on the date stated above, at	
yrsds. ORmin. ?	The CAUSE OF DEATH * Was as follows:	
BOCCUPATION		
(a) Trade, profession, or particular kind of work	·/-	
(b) General nature of industry,	1.6	
business, or establishment in which employed (or employer)	(Duration)yrsmosds.	
9 BIRTHPLACE (State or country)	(Secondary)	
(State or country)	Augelien 13.	
10 NAME OF	IN COL back	
FATHER Oudred Nord Cours	(Signed) , M. D.	
O 11 BIRTHPLACE	AZE 2/, 191 O(Address) Heroll /Ce	
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	
C 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.	
OF MOTHER Way U Down	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
13 BIRTHPLACE AND	OR RECENT RESIDENTS) At place in the	
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14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
(Informant) Cendrud Coothace	Former or	
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[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childhirth or miscarriage, as "Puerperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of haad-homicide; Poisoned Accidental drowning; Struck by railway train-accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . The contributory (secondary or intercurrent) may he stated under the head (Recommendations on statement of (name origin; "Can

